P.J. Hamel bakes, blogs, and writes—here about her experiences with breast cancer.

My Story

Text by P.J. Hamel

Photographs by Jon Gilbert Fox

"You have cancer."

When I hear those words, I feel like I'm being told I'm going to die—not in some misty future, with my family and friends gathered lovingly at my bedside, as angels play their harps, but tomorrow. At dawn. By firing squad. I feel blank and emotionless because the concept is so big and so foreign that my usual responses simply can't encompass it. My skin prickles, head to toe, as all feeling drains out of me. I can no longer understand what the radiologist is saying; I can barely hear his voice through the panicky clamor in my head. I sit open-mouthed, nodding from habit as he smiles sympathetically, outlining the treatment he's advising.

Once I'm outside his windowless office, the only words I remember are ". . . a young woman such as yourself." Gosh, he thinks I'm young—how nice! The rest is lost. Just like me.

About 180,000 American women will be diagnosed with breast cancer this year. That's a statistic—a number that conjures up a faceless, milling crowd. But each woman in that crowd has her own individual, personal story.

May 10, 2001, was the day I became a cancer statistic. This is my story.

P.J. Hamel—a senior editor at King Arthur Flour Company, headquartered in Norwich, Vt.—describes herself professionally as a "baker and blogger." She writes the King Arthur catalog, creates recipes, has written cookbooks, and blogs about baking on the company's website. Personally Hamel is, among many other roles, a cancer survivor—and she has blogged about cancer since shortly after her diagnosis in 2001. Writing, she explains, is a thread that has run through her entire life. In this feature, she reflects on the experiences and emotions, beginning eight years ago, of being diagnosed with and treated for breast cancer.

Coverage of cancer is often about numbers: incidence figures, risk ratios, five-year survival percentages, mortality rates. All those numbers are, of course, important. But so, too, is every individual story that underlies the numbers. Here is one such story.

For several WEB EXTRAS about Hamel's experiences, including a slide gallery of family snapshots, an audio interview with her, and two text sidebars, see dartmed.dartmouth.edu/sp09/we04.

On a recent follow-up appointment at DHMC, Hamel, right, discusses bone-health options with neuro-oncology nurse Beth Connelly. Osteoporosis is a common complication for cancer survivors who have had chemotherapy, since chemo can cause a loss of bone density. Connelly is on the staff of DHMC's cancer survivorship clinic.

Coincidentally, a colleague at work had just had her mammogram, followed by a callback, then a biopsy—which had been negative. *Plenty of middle-aged women go through this,* I tell myself.

Getting the diagnosis

Early May in the Upper Connecticut River Valley marks the final transition from still-winter to almost-summer. It can be a rough few weeks. Car tires chatter over roads that have been turned into washboards by April's constant thaw-freeze-thaw cycle. A day in the 70s can give way to snow flurries the next morning. Cutting daffodils, scraping ice off your windshield, and swatting blackflies are random, unordered occurrences during this capricious month. But this year, 2001, the progress toward summer is smooth.

On Wednesday, May 2, I have an appointment at Dartmouth-Hitchcock Medical Center for my yearly mammogram. By age 47, I've gotten used to the process: "Stand close . . . turn your chin . . . you'll feel some pressure . . . hold your breath, please . . ." Today, however, the technician has trouble with my right breast; she has to take several shots before she gets one she deems satisfactory.

A couple of weeks earlier, during my annual physical, Dr. Tanya Luttinger, a resident who was doing a rotation with my regular doctor, mentioned that she thought she could feel a thickening in my right breast. She asked if I was scheduled for a mammogram soon. I was, as it happens. "Good," she said. *Oh,* I thought, *she's probably just being ultracareful. She always thinks she sees or feels something or other. Whatever.*

The day after my mammogram, I get a call from the mammography service. Could I come back for another picture? Sure. Back to DHMC I traipse, back to the chilly radiology room, the open gown, more and different angles.

The next day, Friday, I get another call: There's definitely something there. Could you come in for a biopsy on Monday? Sure . . .

I'm still not feeling really worried. Coincidentally, a colleague at work had just had her annual mammogram, followed by a callback, and then a biopsy—which had been negative. *Plenty of middle-aged women go through this*, I tell myself. *Hitchcock is so careful. This year's mammogram is just turning out to be a little more involved than usual*, I think.

But the repeated trips to DHMC are beginning to disrupt my work schedule. I'm a writer at King Arthur Flour in Norwich, Vt., and my days are driven by deadlines; there's always some project that has to go out the door, ASAP. So any time away from my computer is time lost, progress delayed. I'm not quite a type-A personality, but I'm a conscientious high-achiever—a boomer who's driven, like so many of us, by the fear of joblessness, courtesy of Depression-era parents. *I'll go in for the biopsy*, I think, *but that had better be the end of it. I'm too busy for all this bother.*

On Monday morning I'm at DHMC, wearing the now-familiar backless gown, sitting on another cold table. I get a shot of Novocain. Feel a startling "pop" as the large-bore biopsy needle penetrates the skin of my breast. Dr. Steven Poplack, the personable radiologist at the other end of the needle, is sniffing and snuffling with spring allergies as he follows the needle's progress on the screen of the ultrasound monitor. The sensation is unnerving rather than painful. *Roto-Rooter*, I'm thinking. A nurse holds my hand, strokes my leg, tells me I'm okay. *Is this part of nursing training*, I wonder, *or does she really care?* Coddled in warm blankets, I find my attention drifting . . . And then it's over. They tell me to come back on Thursday for the results.

My husband, Rick, accompanies me to the appointment three days later. I tell him there's no need—it's just a routine, "everything's fine" appointment. But he insists; I see the worry in his eyes. Funny, I'm still not worried at all. Today is the end; I'll be able to tell my friends, when they go through this, "Yeah, I had a biopsy. It was nothing."

Dr. Poplack comes into the waiting room and beckons me into his office. "Why don't you come, too," he says to Rick.

And that's when I know. This isn't the end. It's only the beginning.

Dr. Poplack sits on the edge of the desk, swinging his foot as he begins to talk. *Nice shoes*, I think.

"I wish I had better news for you . . . ," he begins. Laurel Ludy, the care coordinator in DHMC's Comprehensive Breast Program, sits in the corner, regarding me with sad, warm eyes. Dr. Poplack tells me about the tumor and outlines the recommended treatment. I know he's talking, but my mind is Teflon; nothing is sinking in. I'm still stuck on "You have cancer."

The meeting lasts 10 minutes at most, then I'm out the door, clutching a canvas DHMC tote bag filled with breast cancer pamphlets and small white appointment cards for three specialists: Dr. Kim Grafton, a surgeon; Dr. Joe Pedersen, a radiation oncologist; and Dr. Gary Schwartz, an oncologist.

Rick and I walk out through the sunny central mall, past the food court, into the rotunda, out to the car. *I should cry*, I think. *Shouldn't I cry?* But I don't feel like crying. I don't feel anything. Rick and I hug and look at one another. We smile hesitantly, feeling the comfort born of 25 years of marriage, the knowledge that "in sickness and in health" really means something. We've been through hard times before; we can do it again. We drive home. I go back to work.

The journey begins.

Making decisions

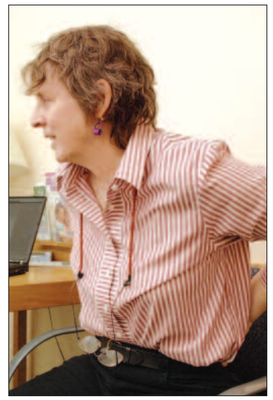
The first step is to remove the tumor. The surgeon, Kim Grafton, says I need to decide if I want a lumpectomy (removal of just the tumor) or a mastectomy (removal of the whole breast). *Wait a minute*, I think. *Aren't you the doctor? Shouldn't* you *tell* me *what to do?*

I learn there's a strange paradox about cancer: though it's a life-threatening illness, decisions about how to treat it are often left up to the patient. That's because each treatment comes with its own peculiar assortment of risks and side effects, and patients' willingness to trade off risks for benefits, and their tolerance for nasty side effects, varies widely. Mastectomy versus lumpectomy is the first of many, many treatment decisions I'll eventually make. I'm given a video from Dartmouth-Hitchcock's Center for Shared Decision Making detailing the pros and cons of each option.

After much waffling, I choose the less invasive lumpectomy, figuring I can always cut more off later, but I surely can't go back and cut less off. A chance meeting with Kim Grafton in the produce aisle at the local co-op food store solidifies the choice for me. Kim's preschool daughter twines around her leg as we chat casually about baking, the specter of cancer hanging between us. She finally asks if I've made my surgery decision. I hesitate; I've been leaning toward lumpectomy but haven't decided for sure. Kim softly says she thinks a lumpectomy would be a good choice. That cements it. I tell her to sign me up.

My surgery is set for June 5. Ah, a deadline; familiar territory. Suddenly, cancer is becoming real. It's time to tell the people who need to know, including my teenage son, Nik, a freshman at Hanover High School.

Nik is 15. He's in that unsettled time between childhood and young adulthood—that push-pull period between being a boy and being a man. Before I tell him I have cancer, his world is still safe. I see him venturing from my side, then coming back to familiar comfort, then stepping a little farther



Hamel also mentions during her appointment that she recently hurt her back lifting a heavy bag of books.

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Hamel, right, works out regularly at the local River Valley Club with her "gym buddy"—fellow breast-cancer survivor Dani Ligett, left. They met through BeFriend, a Dartmouth-Hitchcock peer-support program for breast-cancer patients; it pairs newly diagnosed patients with someone who's been through the process already.

Soon everyone is greeting me with a sad-eyed smile, followed not by the usual "How are *you*!" but by a hesitant "How *are* you?" "I'm fine," I say. "Fine."

away, and coming back less. He still needs me, but he doesn't want to need me.

When I tell Nik I have cancer, I preface it by saying, "It's no big deal." Later, I imagine the stupidity of those words. Of course it's a big deal. He thinks his mother is dying. He has no questions. He shows no emotion. I leave the room, he shuts the door, and a black cloud forms over his head—a cloud that will follow him for the next four years, through high school and beyond. He pushes me away. He wants nothing to do with having a mother. He doesn't want to need me, because he's sure I'll desert him. So he deserts me first.

I know what Nik is doing. I understand that his anger is the first step in letting me go. My son is 15 years old. I might die. It's time I let him grow up.

Telling friends

I also tell my colleagues at work. At first I think, *Well, I'll just take a day off for the lumpectomy, and that'll be the end of it. No one needs to know.* But what if that's not the end of it? What if there's more? Radiation, chemo . . . They're still just words. Evil-sounding, scary words, but not quite real.

Still, I'm a planful person. My husband laughs at me when we travel, because I break out a map for any trip longer than the seven-mile trek to West Lebanon. I figure I'd better have a Plan B, in case I have to miss a chunk of work, so I tell those with whom I work most closely. Then they tell others, and, of course, within 24 hours the entire company knows I have breast cancer.

The owner of King Arthur Flour—who is both my boss and a close friend—gives me a big, bright smile and asks how I'm feeling. "Fine," I say. "Fine." He keeps smiling as he walks away.

Soon everyone I know is greeting me with a sad-eyed smile, followed not by the usual, rhetorical "How are *you*!" but by a hesitant "How *are* you?"

"I'm fine," I say. "Fine." I want this to be an everyday conversation. I want us to talk about kids and car troubles and property taxes. I want the comfort of normalcy. But that's no longer possible. Things aren't normal. I have cancer; my friends don't. I take a deep breath and start down the path—alone.

Having surgery

On Tuesday, June 5, at 6:00 a.m., I present myself at Same-Day Surgery. I don yet another backless gown, slippers, a robe. A nurse puts a blanket over me and asks me what I'm there for. "Lumpectomy," I answer. I'm amused and even disbelieving when she hands me a blue Sharpie marker and asks me to draw an X on the breast that is to be operated on. Malpractice insurance?

Dr. Carter Dodge, the anesthesiologist, looks dapper in green scrubs, nametag, and surgical cap. Carter and I have been carpooling our sons to ice hockey and soccer games for 10 years; I'm used to seeing him at 6:00 a.m. in sweats, not scrubs. He explains the anesthesia to me; tells me I won't remember a lot from the time right before and after surgery. I don't believe him. He's right.

At 7:30, I'm sent down to mammography for an injection of radioactive dye, which will mark the first lymph node that would be affected if the cancer has spread from my breast. I'm having a sentinel node biopsy—a new, much less invasive way of finding out how far the cancer has advanced. Dr. Poplack revs up the ultrasound and guides a needle with a barb directly into the tumor. This metal marker will direct Kim Grafton as she operates. Dr. Poplack wishes me good luck, and I'm wheeled back to the Same-Day unit.

Waiting, waiting . . . Margie Cole, the director of the Norris Cotton Cancer Center's Comprehensive Breast Program, pokes her head in to wish me luck. At last they wheel me into the operating room. A nurse covers me warmly and outfits me with puffy elastic knee-high boots, to help my circulation. I look up into a bank of lights, say a prayer . . . and I'm gone.

Kim removes the tumor and two lymph nodes. Everything goes to pathology for a thorough assessment. Is my cancer hormone-receptive? Invasive? Aggressive? Within the week, they had told me beforehand, I'd have a good idea of my long-term chances for survival. It still seems surreal. I feel perfectly fine. How can death be part of this picture?

Suddenly it's afternoon. I'm back on the Same-Day unit, in the recovery room. Kim and Carter come in to chat with me. I see a zipper-like crease in Kim's forehead from her surgical cap, which she's removed. Her long, dark hair is straight, parted in the middle, pulled back. She has warm, serious brown eyes. The three of us talk about books we've read recently. At some point, a nurse puts some warm blankets over me. I think I'm in heaven.

By mid-afternoon, I'm ready to leave. The nurse has me grab my IV bag and walk a few yards down the corridor and a few yards back, to check my stability. "Okay," she pronounces, "you can go." Rick is sent for the car; a wheelchair comes for me. We drive home and find a bunch of flowers, the first of many, waiting on the back steps.

I e-mail my friends at work. Subject line: "Just like Jiffy Lube!" *It's over*, I think. *The cancer is gone*.

The pathology report comes back. It's not gone. Not even close.

On June 11, five days after the surgery, Kim Grafton calls me at work, her voice sympathetic. The tumor was much larger than they'd thought; the cancer has spread to at least one lymph node. She talks about margins, says something about "five out of six involved." I don't even know what a margin is, but it doesn't sound good. She concludes that a mastectomy is probably necessary. Just like when I got the "You have cancer" news, my mind shuts down. Kim says the tumor board will meet Wednesday, and she'll let me know their recommendation. I thank her. She sounds unutterably sad; I hear the pain in her voice. I want to embrace her and tell her it's okay—I know she did her best.

Choosing chemo

On June 12, I meet with Dr. Gary Schwartz, my oncologist. He is a man on a mission. He's serious, shy, and gives me the gentlest and most comforting exam I've ever had—lots of tapping and listening. He recommends chemo. Again, I'm told it's my choice, but I latch onto his recommendation like a drowning sailor clutching a life ring.

Gary talks about hormone drugs, radiation, side effects; he's very thorough, writing everything down. He rattles off statistics—this is a language cancer patients learn quickly. Chemo plus tamoxifen, a hormone drug, will reduce my chance of recurrence to about 16%. An 84% chance of survival sounds good to me. I say yes to chemo.

But with great trepidation. I fear vomiting. Most of all, I fear losing my hair. Later, I realize this is a universal Big Fear for women with cancer. Why am I so petrified about losing my hair? God knows, it's not as though I really love it. As with every woman I know, my hair is something to fuss over, look askance at, sigh about, get cut, and then complain over some more. But the thought of losing it completely—being bald, in a world of tasteful hairstyles—makes me blanch. I'll feel just as naked as though I were walking around topless. I might, God forbid, stand out from the crowd.

But before I can start the chemo, I need to have

Ligett watches Hamel do some arm stretches that help break down the scar tissue from breast reconstruction.

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Hamel's job as senior editor of the King Arthur Flour Company involves writing for the company catalog, blogging about baking on the King Arthur website, and creating recipes. Here, she works on refining a recipe for that old standby—chocolate chip cookies—in the King Arthur test kitchens, located in Norwich, Vt.

With trepidation, I force myself to look at my chest. I see bloody bandages swathing an open wound. But sure enough, despite the massive swelling, I can detect the solid feel of a breast.

my breast removed entirely. It's filled with cancer; my own cells have turned against me—traitorous tissue. Since my breast is about to be cut off, I work at cutting the emotional attachment, too. I come to a place of relative peace, take another deep breath, plow ahead.

And run smack into another decision. I'm asked if I want breast reconstruction, or a prosthesis, or nothing. What . . . ? If I decide on reconstruction, I can have a saline implant or reconstruction using tissue from another part of my own body. What . . . ? I feel woefully ill-equipped to decide, but I dig in, refuse to panic, and make an appointment with Dr. Carolyn Kerrigan, a plastic surgeon.

When patients lose a breast, she can build a new one. "Here, look at these pictures," says Dr. Kerrigan, pulling out a looseleaf notebook. "This is what we can do for you. It's pretty amazing how far we've come with reconstruction."

I look at women with imperfect breasts, arms held wide in a crucifixion pose, the better to display their rebuilt bodies—obvious patch jobs after a catastrophe. *This is a* good *job?* I think. *This is progress?* I wonder what the first attempts looked like.

I contemplate my choice, as Dr. Kerrigan kindly busies herself with paperwork, avoiding my eyes. Hmmm: Lop off my breast and leave a flat spot—a deficiency everyone will see, a badge of dishonor, a testament to not living right, not having good genes, not eating what I should have? Or fill the hole with belly fat and stretch the skin around it—carefully stitching, shaping, coloring, so that in my clothes, if you don't look too closely, you won't notice that it's a little higher on my chest, that the nipple's different? What a Hobson's choice.

Building a new breast

I choose the imperfect over nothing at all. The procedure is called a TRAM-flap reconstruction—TRAM standing for transverse rectus abdominis musculocutaneous. It's one of the best decisions I make during the entire cancer experience.

Tuesday, July 17, is mastectomy day. The Same-Day waiting area is so crowded that Rick and I sit on the floor in the hall. While we're waiting, 13 different people touch base with us. Kim Grafton will take off my diseased breast; Carolyn Kerrigan will build me a new one. I feel safe, in good hands. Both women are warm, talented, gentle, empathetic. Breast cancer touches many of us as we enter our forties and fifties, and it can strike at random. Kim and Carolyn know they could end up on the table, under the knife, at any time.

Finally, after six hours, I'm called.

The operation lasts five hours, its projected duration shortened by excessive bruising. So Dr. Kerrigan closes everything up and retreats from the field of battle, telling me she'll add the finishing touch—a new nipple—later in the week.

I wake up in the recovery room at suppertime. It's bright, hot, nearly empty. I spend the night in great discomfort. Carter Dodge, once again my anesthesiologist, had told me I'd feel as though I'd been run over by a truck; he's right.

I lie on a hard bed, attended to by a traveling nurse—someone hired temporarily to fill a staff vacancy—from Nova Scotia. She tells me she used to be a concert violinist, but after 14 concert tours she quit to pursue her true passion—nursing. Her husband of 31 years left her for a younger woman four months ago, and now she's on the road. Like soldiers in a foxhole, we bond completely over the course of that long night. In the morning, I leave the recovery room for a bed in an inpatient unit; I never see the traveling nurse again.

With trepidation, I force myself to look at my chest. I see bloody bandages swathing an open wound. But sure enough, despite the massive swelling, I can detect the solid feel of a breast. I picture myself in a sweater, or getting dressed in the locker room after a workout at the gym. Even—dare I think it?—in a bathing suit. Am I really prey to such vanity? No, I just want my old self back. But barring that, I want to look like my old self. And, in clothes, I will.

The next four days are a blur of IV tubes, morphine, and ultrasounds of my new breast every two hours around the clock, to ensure that the veins are connecting and working. On Saturday, Dr. Kerrigan instructs an intern, Dr. Loan, as they build me a new nipple, the two of them patiently stitching side by side.

Before that procedure, while I wait outside the operating room, I chat with a nurse who tells me that she'd had a mastectomy eight years before, that her cancer has been "a mess." Leaning tiredly on my gurney, she looks much older than the picture on her ID badge. Her skin is white and papery; her hair thin and dry; she radiates an air of defeat. Will my cancer be a mess, too? Am I seeing my future?

The next day is Sunday. They let me go home. Tell me I have six weeks till chemo begins. Monday I go back to work, unable to resist the siren song of friends, the adrenaline rush of deadlines. I refuse to think about what comes next.

One afternoon, a colleague sits down next to my desk, looks me in the eye, says he has something to tell me. I nod expectantly. "Two of my friends have done chemo," he tells me. "And it was the worst experience of their life." He looks at me a second longer, shakes his head, gets up, and leaves.

To this day, I'm astounded at his insensitivity. But I learn quickly that cancer is a strange bedfellow. A sister-in-law may desert you and a casual acquaintance may become a best friend. The experience touches all of us differently.

Enduring the infusions

August 17 is my first day of chemo. I'll have a treatment every 21 days for three months. I quickly learn that the infusion suite is a den of horrors, mitigated by the curative poisons it wields and by the kindly people who deliver them.

The first thing I see, walking in, is kids. Bald kids, kids with needles in their arms. And their mothers, haggard with worry, some with tears in their eyes, but holding it together, being moms. The littlest children play; at age two or three, they don't understand that this isn't how life is supposed to be. The older kids, teens, sit in wheelchairs, eyes lowered, or lie in beds, faces to the wall. They know. This is the worst part of every chemo treatment: walking past these kids. Knowing that some of them will never grow up.

I learn quickly that I'm a challenging patient. It takes agonizing minutes to find a vein—prick after prick of the big chemo needle in the back of my hand, the crook of my elbow, the inside of my wrist, where veins should be easy to find but, at least on me, aren't. I laugh with the chemo nurse in her lead apron, sympathize with her fear of touching even one drop of the lethal liquid she's about to drip into my arm.

I spend hours sitting in an easy chair, watching the bags of poison drain into me, one after another. Red-jacketed volunteers offer ham sandwiches on damp-looking white bread and fish chowder. To this day, I don't enjoy sandwiches and can't bear the smell of fish chowder.

Then I go home and wait to be sick. One day, two days, three days. I take first one combination of pills, then another, trying to ward off nausea, will it away. I realize that my hatred of vomiting is working in my favor: though I sometimes hang over the

Hamel, right, reviews the schedule of upcoming King Arthur Flour catalogs with her colleague Janet Matz.

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Hamel, right, and King Arthur Flour photographer Brenda Hickory confer during a photo shoot of Easy Strawberry Shortcake Trifle; the resulting image ended up on the company's website, where Hamel blogs about baking. She has also blogged about her experiences with breast cancer since shortly after her diagnosis in 2001.

At that moment, I discover something about myself: I have great willpower. Me, who always gave up when faced with physical adversity. I can face down nausea. I can bend it to my will. And I do.

toilet, sweating and gasping, I refuse to throw up. Simply refuse.

And at that moment, I discover something about myself: I have great willpower. Me, who always gave up when faced with physical adversity. Who refused to run the long races in track, because they were too painful. Who never even considered drug-free childbirth. I can face down nausea. I can bend it to my will. And I do.

I'm two weeks into my chemo regimen when 9/11 occurs. The Twin Towers collapse; thousands die. Destruction is everywhere—including within me. Chemotherapy is skinning me alive from the inside out. My mouth and throat develop sores so painful I can't swallow. I bleed from every mucous membrane; I never knew there were so many vulnerable spots on my body, places where the blood courses a bare half-millimeter below the skin.

And then my hair falls out.

I stand outside on my back porch, in the soft September air, brushing out clumps of hair and consigning them to the wind, watching them drift down to the ground or be carried aloft on an updraft. Later, my skull as patchy as an old tomcat's hide, I'm told of a woman who specializes in "chemo haircuts." I shyly present myself at her house on a side street in Lebanon, enter a room holding a beauty-shop chair. She sympathetically crops what's left into a semblance of a hairstyle. Even that disappears within a month, and I'm left with nothing at all.

Going bald

My eyebrows are gone, my eyelashes, all the hair on my body. Every last bit of it. I'm as bald as a cueball. At first I wear a baseball cap, which limits my vision; I knock myself silly walking into doorframes. I finally ditch the hat and show my naked skull to the world. And it's fine. All of it. Losing my hair means losing the last of the "old me." I embrace the new me, happy to be alive and to show the world this very obvious badge of cancer.

Chemo ends on November 30. I look awful: beyond wan, ravaged. But I did it, by God.

At the start, I'd been convinced the experience would turn me into a trembling heap of tears. Instead, I learned that sickness can be faced . . . and faced down. When you have cancer, when the game is life or death, you're exactly as brave and as strong as you have to be.

Two weeks later, after spending endless hours on a project at work, I come home on a Friday evening and collapse into bed. I have a slight fever: 100°F. Thanks to the chemo, my white cells are at a low ebb; any infection is dangerous. I telephone the on-call oncologist; he tells me to come in. Back to the hospital I go. I'm admitted with a spiking fever, cause unknown. Christmas is less than two weeks away.

I spend the last weeks of 2001 in a large, empty room on the fifth floor of DHMC. I have a neutropenic fever—a high fever that sometimes develops in cancer patients who've undergone aggressive chemotherapy. I'm tired, white, bald, weak. And dangerously ill.

The doctors can't identify the source of the infection and so can do nothing other than wait. And keep me isolated. That means no visitors (germs), no flowers (dirt), and no activity (too tiring). The only time I leave the room is to get some tattoos to mark the site where I'll get radiation therapy, which is due to start in three weeks. As long as I survive this fever, that is.

At last, a chest x-ray reveals the problem: pneumonia. A week of IV antibiotics gradually lowers the fever, and an oxygen tank, hissing beside me 24 hours a day, keeps me breathing. Two days before Christmas, I earn my release by walking laps around the nurses' station, pulling the tank behind me.

All through Christmas, I'm tethered to the oxygen tank on its heavy cart. It noisily pours oxygen into my lungs through tubes in my nose. Clearly, it's a companion I look forward to shedding.

After Christmas, I ask Dr. Schwartz when I can get rid of the oxygen. He tells me just as soon as I no longer need it. "Uh, and when would that be?" I say.

"As soon as you can march up and down the corridor, up and down the stairs, singing your college fight song, and keeping your oxygen level up on your own." I can tell he means it.

Me, sing . . . in public? No way.

But Gary, serious Gary, pulls me to my feet, disconnects the oxygen, and off we go. He breaks into a rousing chorus of the Michigan fight song; I respond with "On Wisconsin," deeming the fight song of my actual alma mater—Brown—to be too wimpy. We walk briskly down the oncology hallway, up the stairs, and back down the stairs again, belting out competing songs, to the great amusement of everyone we pass.

Back in his office, Gary clips the oxygen monitor to my finger, takes a look at the reading, and says, "You're free. Go home." I happily leave the hospital without the tank, without the tubes, but with a peek at the human side of the doctor who's spent the past seven months saving my life.

And right then and there, I realize that cancer has changed me. I'm not embarrassed to stand out in a crowd. And I'm not afraid anymore. Of anything. Going into cancer treatment, I was a 47-year-old woman who was a reflection of a totally typical upbringing—a woman of my times. When I was old enough to wear a bra, girls didn't go braless. Period. So I wore one. When I was old enough to marry, girls didn't have career paths; they had husbands. So I got married. Then I mindlessly drifted through life, vaguely happy, not questioning, doing and being what I was supposed to.

But in facing cancer, I find my whole world

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As I leave the hospital without the tank, without the tubes, I realize that cancer has changed me. I'm not embarrassed to stand out in a crowd. And I'm not afraid anymore. Of anything.

An open letter to the folks at DHMC

I want to thank all of you for saving my life. Without you, I'd be just a memory—a name on a headstone, a fading byline in a stack of old newsletters.

Without your care, my husband would be a widower, eating dinner alone at the table, listening for a loving voice that, after 30 years, is no more. Without your excellent care, my son would have lost his mother at 15, way too young, teetering on that thin edge between little boy and grown man. Even now, he's still got enough boy in him to want a hug from his mother. Thank you for my loving arms still wrapped tight around his shoulders.

Had I not been a patient at your hospital, my 82-year-old mother would have had to live through the death of a second daughter. No mother should lose even one child; I don't think I could have borne the sadness had I known she'd lose me, too. Who would call her every day, ask her how she's feeling, explain to her (again) how to use her cell phone? Who would make sure she's coping all right with the loss of both her husband (my dad) and her younger child (my sister) in the span of just two years? Thank you for letting my mom keep her last daughter.

My friends thank you for letting me stay in their midst. The women I work with, the folks whose lives I casually touch through my job, everyone who depends on me for a smile, a joke, advice, a shoulder to lean on—they all thank you.

Finally, I thank you for myself. I'm not ready to die. I have books to write, trails to hike, long conversations to hold. I need to see my son grown up; I want to have a daughter-in-law and grandchildren—more family to hug.

There will be many women with cancer whom I can touch. I can help each one turn her potential death sentence into the start of a new life. Life lived to its fullest, as only those who've stared at death can live it. You gave me the ultimate gift: a second chance. It's the best gift I've ever had.

And so, although the two small words can't possibly do justice to what I feel, I want to say, simply, thank you.

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changing. I haven't taken a sick day in 25 years. Hospitals are someplace I go to visit other people. Me, in a hospital? Never.

But here I am, sucked into the health-care system, and I mean big time. My life has become a revolving door of donning and removing the dreaded hospital johnny. Doctors and nurses and med students look and touch and squeeze and rub and prod me. Suddenly I can have no shame; there's no time, no place for it.

So I lose my embarrassment. Stand naked in front of a camera while the plastic surgeon takes pictures? Sure. Let six—count 'em, six—interns put their hands in my armpit at 6:00 a.m. on a cold December morning? No problem. And magically, as I shed my feelings of embarrassment about my body, I shed other inhibitions, too.

I'm Norwegian. Cold. Not physical. But now I find myself thanking people for little things, complimenting, being nice. It's hard—really hard—but I reach out and touch my friends. Grab a shoulder. Hold a hand. Even give hugs. And, finally, I'm able to say "I love you," words I've needed to say for many years but never could.

Cancer takes away every uptight feeling I've ever had. And it replaces those feelings with strength, love, and, most important, the ability to reveal the person who's been living unseen, inside me, all of these years. At last, I've become the woman—the caretaker, the friend, the lover, the mother—I've always wanted to be.

On January 6, 2002, I begin the final leg of this cancer journey: six weeks of radiation therapy. I have the barest hint of peach fuzz covering my skull. And I'm an old hand at this cancer business. I know the hospital inside and out: where the freshest coffee is served, the location of every out-of-the-way restroom.

I stride confidently into the radiation suite on a Monday morning, say "Yes, yes, yes" to the receptionists at the desk, and settle in with the usual pile of six-month-old *People* magazines. I've made an 8:00 a.m. appointment—less chance of hitting a radiation traffic jam so early in the day. Did I mention I'm an old hand?

My turn comes and I take off my clothes, lie on yet another cold table, stay perfectly inert as a pair of technicians tug and nudge me into position for the 10 minutes or so the machine will hover above me. I hoist my arm uncomfortably over my head and hold it there, counting tiles in the ceiling. It's unnerving when the techs and med students scurry out of the room to the safety of their protected cell, leaving me naked, spread-eagled, exposed under the massive machinery as it clicks and hums.

And then it's done. I get up from the table, put my clothes on, head off to work.

I do this for 35 days, without incident. No burns; no fatigue. My final radiation treatment is on Valentine's Day. I leave the room. Outside, the techs congratulate me, hand me a Mickey Mouse graduation certificate. We laugh. I leave the hospital for the last time.

And just like that, after nine months, my cancer treatment is over. I walk out into a surprisingly balmy February day. The sun warms the top of my head. It feels good.

I feel good. I made it.

Living life

Since that day seven years ago, I've felt an inner tectonic shift, my mind and soul rearranging themselves into a much more solid, more comfortable position. I've given up guilt (for the most part). I'm no longer into blame, regret, or fear of the future. "I should have" and "If only I'd" no longer cross my lips. Instead, my mantra is "The only thing I can control is my own attitude." I work hard every day to think positively and remain stress-free, no matter how many work deadlines loom or how tall the stack of bills in the desk drawer grows.

Has it been smooth sailing, these past seven years? Of course not. I have lingering, irritating aftereffects. I gained a lot of weight, then lost it. My bones are thinning; osteoporosis is a known side effect of chemotherapy. I've been on tamoxifen; I'm now on Arimidex. My joints ache, my ribs are sore, I'm itchy, and one shoulder is permanently stiff—all reactions to drugs or radiation or surgery.

But I've gained confidence in myself. I know that I can fight for my life—and win. I've surprised myself with what a good friend I can be, especially to women going through cancer treatment. And I've discovered that life—just life, nothing more than living and breathing—is good. Very, very good. ■

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